

Early Childhood Mental Health Consultation

Applying Central Tenets Across Diverse Practice Settings

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Four-year-old Adam, 3-year-old Blake, and their 8-month-old sister, Cassie, wait in an exam room for Cassie's well-child check-up as their mother, Christina, 22 years old, sits slumped in a chair. When the nurse practitioner arrives, the boys appear to be on the verge of really hurting each other as they wrestle on the floor, Cassie looks solemn as she sucks on her pacifier, and Christina lethargically remarks that she's been having a hard time lately because the boys are so aggressive at preschool they are about to get kicked out. The family recently moved because "the fighting got pretty bad with the boys' daddy" and they are now sleeping on a friend's couch. Mom thinks "some lady from the health department" has been trying to see them, but she's missed two appointments recently. With some gentle questioning, Christina reveals that she "just got her kids back" and that she has a social worker she is supposed to see every 2 weeks.

Adam, Blake, and Cassie are children who are at risk for health and developmental problems due to their aggressive behavior, homelessness, history of domestic violence, and need for child protective services. They are at risk for school failure, for out-of-home placement, and for entry into the juvenile justice or mental health systems. They are at risk of disrupted relationships, of having poor adult role models, and of having their potential left untapped and unrealized. Young children with behavior challenges such as aggression are expelled from child care and preschools settings at rates 3 times that of children in public schools (Gilliam, 2005). Once expelled from child care, not only do these children tend to have other events of expulsion (Gilliam & Shahar, 2006), but these suspensions and expulsions are among the leading indicators of dropping out of school altogether (Losen & Gillespie, 2012). Rates of out-of-home placement are high for children

like Adam, Blake, and Cassie with histories of neglect and particularly if parental substance abuse is a factor in their care (Office of Child Abuse and Neglect, 2009). Young children exposed to domestic violence risk repeating the interpersonal violent acts that they witnessed, being victim of further violence, as well as exhibiting slower cognitive development, lower problem-solving abilities and lack of conflict resolution skills (Child Welfare Information Gateway, 2009). As adults, they are overrepresented in the justice system, a sad fate that in itself has numerable negative consequences.

Christina, an overwhelmed mother with challenging life circumstances, may indeed be showing signs of depression. If left untreated, her children can expect lower levels of physical care, fewer responses to their bids for emotional nurturance, and inconsistent engagement as depressive symptoms wax and wane (Harmon, 2010). The accumulation of

adverse early experiences has been linked to adult physical and mental illness and to early death (Felitti et al., 1998). Less frequently measured but equally powerful is the imagined experience of a life unlived: a child with great potential in the arts whose lack of confidence inhibits her creativity, or her brother who has the dexterity and mathematical

Abstract

Early childhood mental health consultation (ECMHC) is an important and burgeoning approach for building front-line staff capacity to recognize, interpret, and support young children's and family's social, emotional, and behavioral health care needs across early childhood systems. ECMHC helps prevent longer-term negative impacts to physical and mental health. The application of ECMHC may differ in scope across settings, however, there are central tenets of the consultative stance that are critical to building staff capacity and positive child and family outcomes. The authors use vignettes to illustrate how ECMHC may be practiced in an early care and education setting, a domestic violence shelter, and pediatric primary care.

capacity to make important technological discoveries but whose sense of wonder has been crushed by low expectations and lack of a close relationship with even one caring adult.

And yet, for Adam, Blake, and Cassie there is also great hope. Development is on their side with its combination of biologically driven imperative and mastery motivation to propel both chronological maturity and psychological growth forward. A safe environment that presents just the right degree of stress to engage their interest, kindle their senses, and challenge their cognitive processes will ensure that the necessary stimulation occurs to build a flexible yet strong neurobiological architecture. Their paths are not yet fixed, and there are sensitive phases into which support, contingent responsiveness, and safe limits can be instilled. At the core of successful early intervention will be the relationships with the adults in their lives. Fostering nurturing relationships with adults that are respectful, culturally resonate, and predictable can serve as the template for Christina and the children's other caregivers to carry forward into their interactions with the children. Relationships are the vehicle through which psychological protection and inoculation from life's hardships are delivered. Early childhood mental health consultation (ECMHC) is one of the vehicles that can help identify and address the challenges and strengths of vulnerable families across a diverse array of settings.

The Potential of ECMHC

ECMHC IS AN important mechanism for building front-line staff capacity to recognize, interpret, and support young children's and family's social, emotional, and behavioral health care needs. ECMHC, long cultivated with early childhood professionals and families of young children in early care and education settings, is now gaining traction with other service providers that come into contact with families in a wide range of settings including health care programs, home visitation, child welfare settings, domestic violence venues, primary care, and homeless shelters.

Conceived of more than 20 years ago and used successfully since then (Johnston, 1990), implementation of ECMHC in early childhood settings has grown nationally particularly over the last 5 years. While there are states that have only a few ECMHC programs in some regions and limited availability, other statewide initiatives have broad reach into most if not all communities within the state. ECMHC services differ across programs, and one such difference is the range of organizations housing and delivering ECMHC, from community mental health centers to state agencies to university-based programs. Each

of these home agencies has its own requirements around hiring, training, and support for the consultants providing the service, as well as how often a consultant visits a setting, how many hours per visit, and for what duration or service length.

Given this diversity among programs, practitioners are attempting to define the elements of ECMHC, beyond frequency and duration of services, which are important for a program to be effective. Understanding these elements of practice can help to design effective ECMHC programs across diverse settings.

ECMHC in Diverse Settings

ECMHC IS EXPANDING into new types of settings that serve infants, young children, and their families, such as domestic violence shelters, home visitation programs, primary care offices, and other child-serving organizations. Although these settings have long been staffed by social workers, nurses, doctors, and case managers, newly defined collaborations with early childhood mental health consultants offer an approach that emphasizes the capacity of the caregiver to understand and respond to the unfolding needs of the young child. The consultants focus on the relationship that supports and sustains this growth. ECMHC has helped parents understand what to expect from their young child and understand the frustrations of parenting, and it provides emotional support to the parents. (Kaplan-Sanoff, Lerner, & Bernard, 2000). Buchholz and Talmi (2012) suggested that the trained infant mental health specialist who consults in a pediatric practice not only supports the early identification of developmental and mental health concerns, but also helps physicians provide better services by impacting the quality and content of the visit, covering a broader range of developmental topics including parental well-being and the socioemotional health of babies and young children.

Unifying Principles of Practice

In order to bring ECMHC from child care settings into other venues, it is important to first understand the values and goals guiding the professionals delivering this approach. These goals and values contribute to a unifying set of principles that shape the work across settings. The ways that consultants approach the work can transcend the setting to provide the practitioner with a sense of direction, a package of core beliefs, and the mechanism through which services can be delivered. For example, the consultative stance (Johnston & Brinamen, 2006, 2012), provides 10 elements that set the stage for collaborative, relationship-based work



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Early childhood mental health consultation is an important mechanism for building front-line staff capacity to recognize, interpret, and support young children's and family's needs.

that is co-created between consultant and consultee and is the central contributor to positive change (see Johnston, Steier, & Heller, this issue, p. 52, for a description of the 10 Elements of an Effective Early Childhood Mental Health Consultative Stance). The 10 elements of the consultative stance are:

1. Mutuality of endeavor,
2. Avoiding the position of the expert,
3. Wondering instead of knowing,
4. Understanding another's subjective experience,
5. Considering all levels of influence,
6. Hearing and representing all voices—especially the child's,
7. The centrality of relationships,
8. Parallel process as an organizing principle,
9. Patience, and
10. Holding hope.

Integration of ECMHC within new settings allows for natural ports of entry for families seeking support. Families accessing these types of services are often in need of assistance outside the scope of the original intent of the visit, such as a well-child checkup or a bed in an overnight shelter. The front-line workers in these agencies are often turned to as trusted professionals but may be



Relationships are the vehicle through which psychological protection and inoculation from life's hardships are delivered.

unprepared to meet the complex concerns of families. ECMHC can be effective at helping families identify their needs and strengths and in fostering positive relationship between the family and the worker.

ECMHC in Early Care and Education

The vignette below guides the reader through several elements of the consultative stance illustrated through Christine and her children's experience of consultation within an early care and education setting. Christine has recently been told that Adam and Blake's child care provider is considering expelling the boys because of their challenging behavior.

Arriving at the children's child care to pick them up after a long shift at work, Christine felt that familiar anxiety stirring in her stomach. The child care director, Ms. Darlene, had asked Christine if she was open to meeting with someone called a "social-emotional" consultant. The consultant, Mr. Lee, was waiting by the entry when Christine arrived and reached out his hands to greet her with a smile, "So glad you could meet. I know from our phone call that your time is limited, and you have a lot going on."

Christine and Mr. Lee went into the director's office and sat side by side. Mr. Lee shared that Ms. Darlene wanted to build a good relationship with the boys and she needed some help in understanding how to do it. She wanted them to be safe at the center and, right now, she felt her efforts were not working. Mr. Lee explained that his job was to support everyone working together to figure out what the boys were trying say with their behavior. He went on to say,

"You are the most important person in the lives of your children, and you are important to this process. I am wondering if I can hear more about what you feel the boys are trying to tell us..."

Christine was quiet for a moment as she wondered about the aggression the boys were showing. How much of the fighting had they seen and heard between herself and their dad? She could not handle their father and now she could not handle the boys either. Why couldn't they just behave? Couldn't they see she needed them to be "good?" How do I share this?, Christine wondered. Christine looked up and Mr. Lee said, "It seems you have a lot on your mind, I wonder how you are getting by." Christine began to tell her story, and Mr. Lee just listened. After a while Christine was tired and looked down. Mr. Lee sat in silence for a bit with Christine and then said, "You are carrying many difficult experiences from your past into your daily life now, and I wonder if Adam, Blake, and Cassie are also carrying some difficult experiences?"

Christine looked up and nodded. Together Christine and the consultant had shared an important experience and Christine found herself feeling supported. Maybe things would get better. She went to pick up the boys early at their classroom and knelt down and listened—really listened—to them talk about their day.

Christine was looking forward to her next meeting with Ms. Darlene and Mr. Lee. They met every week to share thoughts and ideas for the boys. She wondered if her ideas to help Adam and Blake talk about their feelings by using stories from the library would help. Ms. Darlene said she would try the stories and would spend more one-on-one time with the

boys. Mr. Lee called Christine after visiting the classroom that week and said all of the children had fun with the stories and wanted Ms. Darlene to read them three times. He shared that Blake gave Ms. Darlene a hug as they worked on a project together later that day and that her ideas were really helping Ms. Darlene. Christine felt a sense of safety with this team who supported her and her children. She felt hope, something that had not been there in a long time.

Mr. Lee is setting the stage for mutuality of endeavor as he works to understand Christine's experiences and perspective and as he shares the child care provider's hope for the children.

As Mr. Lee and Christine engage in safe, open dialogue, connecting with one another, they are building a trusting relationship that will serve as the foundation for the consultation process. Mr. Lee's ability to listen and validate Christine's experiences illustrates the parallel experience he hopes to foster between Christine and her children. As Mr. Lee acknowledges and facilitates Christine and Ms. Darlene's unique ideas and perspectives, he is building their capacity for change through everyday experiences, taking the role of a supportive partner and avoiding the position of expert.

ECMHC in a Domestic Violence Shelter

In the vignette below, Shelly and her children are living at a domestic violence shelter where the consultant helps the family and staff so that together they can reflect and grow. This vignette illustrates how the support of an early childhood mental health consultant can benefit both the families in need and the staff members who serve them.

Liz, a staff person at a domestic violence shelter, sits down at her weekly meeting with Marcella, a mental health consultant whose predictable presence Liz has come to count on. Liz anxiously asks Marcella for help with a referral. A mom, Shelly, and her three children arrived yesterday at the shelter at which Liz works. Liz is concerned about the behavior of the oldest child, Gabriella, and wants her assessed by the early childhood mental health consultant. Having Shelly's permission to speak with Marcella, Liz is hoping to move quickly.

Because Liz is usually relaxed and reflective, Marcella asks about her urgency. Liz is calmed by the inquiry. "Wow, until you asked I hadn't even noticed I was agitated." Liz identifies that her impatience is an expression of anxiety. Although the younger children seem okay, Gabriella is wild. As Liz helped the family get settled last night, Gabriella jumped on and off the bed shrieking and bellowing all night. Convinced that concentrating expressly

on Gabriella, let alone offering a referral, would be of little use, Marcella asks about factors contributing to Liz's worry and request. As they attempt to parse out the reasons, it becomes clear that several factors are conspiring. Given Gabriella's rambunctiousness, Liz is certain she will be found out and reprimanded for allowing a family with three children to stay, when the limit at the shelter is two. On top of the concerns about program policy, Liz is feeling unsettled by Gabriella's actions. Supported by Marcella's gentle but incisive probing, Liz realizes and reveals that Gabriella reminds her of her sister. Having grown up with a sibling with developmental delays, Liz imagines Gabriella's "feral" behavior indicates a cognitive deficit.

Appreciating that the domestic violence shelter provides a service aimed at addressing adult needs and staff are not trained in typical child development, Marcella asks if her direct involvement with the family might be useful. After a few visits with Shelly and her children and an equal number of talks with Liz, some hypotheses about Gabriella's behavior are developing. The consultant gives voice to the collectively created ideas. She posits the possibility that trauma along with the recent changes Gabriella and her family have experienced could account for her deregulated behavior. Initially it is difficult for both Shelly and Liz to consider the effects of violence and instability on Gabriella or her siblings, but Marcella's support is instrumental in helping Liz be more effective in her role and in helping Shelly understand her children's needs.

Held within a trusting relationship, Marcella's well-placed wondering instead of knowing affords a space for self-reflection and exploration of the consultee's currently held explanations and affect. Rather than rushing into action, the consultant focuses on subjective experience, thereby eliciting attitudes and beliefs that, if unattended, would have obstructed Liz's ability to usefully respond to the needs that Gabriella's behavior expressed. Recognizing that perceptions are determined by a multiplicity of factors, the consultant considers all levels of influence. First, they discuss Liz's reasoning for making an exception to a shelter rule. The two then explore how feelings of responsibility for and resentment toward her sister might play a role in Liz's request for a referral. The consultant compassionately and patiently persists in representing the children's voices. Avoiding the pull to prematurely offer advice, the consultant collaboratively seeks and finds meaning in behavior. Offering new perspectives, Marcella helps Liz and Shelly understand and respond to the needs of Gabriella and her siblings.



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Early childhood mental health consultation can be effective at helping families identify their needs and strengths.

ECMHC Within Primary Care

In the vignette below, the early childhood mental health consultant works with a family over time during well-child visits at the pediatrician's office. With the patience and hopefulness of the consultant along the way, Tamika is able to receive the support she needs to be the best parent she can be for her children.

Tamika arrived at the health clinic with her two children in tow. She was happy both her kids could get their well-child check-ups on the same day. That meant a few less bus rides. The kids ran across the waiting room to play with the books and toys. Tamika rested her head in her hands; she was feeling tired, more than usual. She had missed the last appointment at the clinic because she just could not get out of bed in time.

Ms. Jennifer, the mental health consultant at the clinic, waved at Tamika through the glass as she headed out to greet her and the kids. Jennifer sat down next to Tamika and said, "I am so glad you are here today—the kids sure look busy! I have a few forms for you to fill out from our Family Wellness Packet so I can gather some information for Dr. Jenkins." Jennifer brought them into the exam room and everyone sat down. The kids began to play again while Tamika and Jennifer talked. "How are things, Tamika?"

Tamika began her story. "I know we usually meet about the kids, but I wondered if I could talk to you about something else." "Of course," Jennifer said. "So much is going well and I feel like I should be fine too—but I am not sleeping and I still find myself feeling panicked and irritated most of the time." Tamika went on to

share more of her feelings, and Jennifer used eye contact and periodically nodded to convey her understanding. Jennifer had so many ideas she had been thinking about for this family since the last time they had been together for the baby's well-child check-up. They needed so much but she held back, waiting for the place in the conversation where there was a mutual understanding of need.

Jennifer makes a gentle comment to Tamika. "You have shared your stories with me, and you have experienced some very scary and challenging situations. I wonder how you are managing and caring for yourself. I noticed on the form you completed on your own well-being that you reported feeling down most of the time." "Yes, that is true; I don't know what to do. You know me, Jennifer; I am usually not this bad." Jennifer pauses for a moment and says, "I wonder if you might want to take some time for yourself to get support, just as you have done for William and Sarah? We offer a parent group here at the clinic that meets every week and offers child care." "What kind of parent group?" Tamika asks. "It's other moms who have young children and have been through some difficult situations. They share their strength and hopes together. If you like, I could meet you for your first group and introduce you to Ms. Johnson, the leader. I notice you are observant and like to sit back to get comfortable. Ms. Johnson seems like she would be a good fit for you—she is very gentle and has experienced some hardships herself as a young mom." Tamika thinks for a bit and then responds, "Yes, I think I am ready..."

Jennifer's ability to be available over time for Tamika and use patience versus trying to

solve Tamika's problems immediately allows them to work together in partnership toward a more positive future and allows Tamika the opportunity to take the time she needs to feel ready for change. As Jennifer waited until Tamika was open to further support, she held on to the hope that Tamika would be able to recognize the possibilities for her own future and be willing to take action.

Learn More

About the Consultative Stance

A MULTILEVEL ANALYSIS OF CONSULTANT ATTRIBUTES THAT CONTRIBUTE TO EFFECTIVE MENTAL HEALTH CONSULTATION SERVICES

M. D. Allen & B. L. Green (2012). *Infant Mental Health Journal*, 33, 234–245.

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M. D. Allen (2008)
(Unpublished dissertation)

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EXPANDING EARLY CHILDHOOD MENTAL HEALTH CONSULTATION TO NEW VENUES: SERVING INFANTS AND YOUNG CHILDREN IN DOMESTIC VIOLENCE AND HOMELESS SHELTERS

C. Brinamen, A. Taranta, & K. Johnston. (2012)
Infant Mental Health Journal, 33, 283–293.

WORKING ACROSS BOUNDARIES: MAKING COLLABORATION WORK IN GOVERNMENT AND NONPROFIT ORGANIZATIONS

R. M. Linden (2002)
San Francisco: CA, Jossey-Bass.

INTEGRATING AND ADAPTING INFANT MENTAL HEALTH PRINCIPLES IN THE TRAINING OF CONSULTANTS TO CHILDCARE

K. Johnston & C. Brinamen (2005). *Infants and Young Children*, 18 (4), 269–281.

ADDRESSING MISSED OPPORTUNITIES FOR EARLY CHILDHOOD MENTAL HEALTH INTERVENTION: CURRENT KNOWLEDGE AND POLICY IMPLICATIONS

Report of the Task Force on Early Mental Health Intervention (2003)
<http://apa.org/pi/cyf/emhireport.pdf>

Conclusion

As ECMHC MOVES into new settings where professionals support families and children, the essential elements of the consultative stance provide a framework for how to integrate the consultation into these new systems. These elements set the stage for services that are relationship-based, individualized, and more likely to engage partners and families. To be most successful, consultants must seek to learn as much as possible about the culture of the setting and the factors that influence practice including the roles and responsibilities of those they support. The influential organizational features that early childhood mental health consultants need to consider include the history of the service and the setting, bureaucratic and programmatic pressures, and program philosophy. Additional influences are interpersonal. Paying close attention to how staff interact with and speak to one another, how the hierarchies of authority and responsibility operate, and informal ways of getting things accomplished assists the consultant in establishing what to do in each setting, while the consultative stance supports how the consultant should be. The consultant can then make adaptations based on the careful understanding of the setting and shifts his own practices as a result.

Typical shifts in practice include: offering more didactic instruction in early development and the effects of trauma for staff whose work centers primarily on adult needs; communicating recommendations in a more directive manner in response to fleeting contact with families and changes in the pace and priority of consultation activities in places that attend to the immediate and crisis needs of families with infants and young children. Being able to adapt is critical as there are inevitably challenges to the delivery of ECMHC in these new setting. In pediatric primary care settings, for example, there may be extremely limited time for each visit, compressing the opportunity to reflect with medical practitioners on how best to support each family. Billing and reimbursement for ECMHC within a medical practice is fraught with barriers. In settings serving domestic violence survivors, staff are typically well versed in the aftermath of adult trauma but are not be trained in the effects of trauma on early childhood development and thus may miss opportunities to understand the needs and behaviors of the young child client. Rules and protocols may exist that compete with fostering consistent, predictable

relationships. The consultant who anticipates such challenges and is able to make the necessary practice shifts will ensure that the central tenets of the work of ECMHC remains steadfast in new, diverse service settings. ♪

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